

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

114 -62-004027
STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

114

FILED JAN 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis,

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. Louis,Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pronounced dead at
Lutheran HospitalInside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
4731 Primm St.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Audrey

L.

Kettelkamp

4. DATE
OF
DEATH

Month

Day

Year

January 2, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/24/1913

9. AGE (last birthday)

48

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Secretary10b. KIND OF BUSINESS OR INDUSTRY
Schlesinger-Tarrant
Brokerage Co.11. BIRTHPLACE (City and state or country)
St. Louis, Missouri.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Rudolph J. Kettelkamp

13b. MOTHER'S MAIDEN NAME

Loretta A. Stock

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rudolph J. Kettelkamp 4731 Primm St.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Nephrosis

INTERVAL BETWEEN
ONSET AND DEATH

4 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

591X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 1940 to Jan 2, 1962 and last saw her live on Jan 2 1962
Death occurred at 11:05 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank A. Bailey M.D.

22b. ADDRESS

3654 So. Grand

22c. DATE SIGNED

1-2-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Jan. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gebken-Benz Mortuary

2842 Meramec St.
St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 4 1962

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Van M. Sizemore
Licensed Embalmer No. 4343
P. O. Address Alouis Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.